

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

07 / 07 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		84294.70
(b) Cash on Hand at Beginning of Reporting Period.....	84294.70	
(c) Total Receipts (from Line 19)	41806.49	41806.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126101.19	126101.19
7. Total Disbursements (from Line 31)	-5000.00	-5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131101.19	131101.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30557.10

30557.10

(ii) Unitemized

11198.42

11198.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41755.52

41755.52

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

41755.52

41755.52

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

50.97

50.97

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

41806.49

41806.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

41806.49

41806.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-5000.00	-5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-5000.00	-5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-5000.00	-5000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41755.52	41755.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41755.52	41755.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Susan R Andersen

Mailing Address 1118 Setter Lane

City	State	Zip Code
Concord	NC	28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13264

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Susan R Andersen

Mailing Address 1118 Setter Lane

City	State	Zip Code
Concord	NC	28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13355

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13008

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13098

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13189

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13277

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

500.01

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13368

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City	State	Zip Code
Mount Holly	NC	28120

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13106

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City	State	Zip Code
Mount Holly	NC	28120

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13197

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

333.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
 Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13285

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
 Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13375

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul G Colavita

Mailing Address 2223 Croydon Rd #401

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13291

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul G Colavita

Mailing Address 2223 Croydon Rd #401

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13381

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2015

Transaction ID : SA11AI.12906

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13003

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

875.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 56
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13093

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11AI.13184

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13272

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13363

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.12946

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.13037

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13127

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13218

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13306

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13396

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.12991

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13081

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13173

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13262

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13353

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

500.01

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
 Charlotte NC 28277-1673

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.13068

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
 Charlotte NC 28277-1673

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.13158

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
 Charlotte NC 28277-1673

FEC ID number of contributing federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : SA11AI.13249

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
Charlotte NC 28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13337

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Sara J Herron

Mailing Address 9422 Briarwick Lane

City State Zip Code
Charlotte NC 28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13427

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.13020

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.13110

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : SA11AI.13201

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13289

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13379

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.13027

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.13117

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

458.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 56
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13208

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13296

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13386

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jon M Joffe

Mailing Address 815 Capington Lane

City	State	Zip Code
Marvin	NC	28173

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13334

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

B. Jon M Joffe

Mailing Address 815 Capington Lane

City	State	Zip Code
Marvin	NC	28173

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13424

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City	State	Zip Code
Rutherfordton	NC	28139

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13305

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City State Zip Code
 Rutherfordton NC 28139

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13395

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Scott Kerr

Mailing Address 721 Governor Morrison St #448

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13418

Amount of Each Receipt this Period

40.00

Payroll Deduction \$40 monthly

Full Name (Last, First, Middle Initial)

C. Collin H Lane

Mailing Address 2040 Hastings Drive

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13288

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

123.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Collin H Lane

Mailing Address 2040 Hastings Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13378

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13159

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13250

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City	State	Zip Code
Charlotte	NC	28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13338

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City	State	Zip Code
Charlotte	NC	28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13428

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City	State	Zip Code
Huntersville	NC	28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13067

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶

333.35

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City	State	Zip Code
Huntersville	NC	28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13157

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City	State	Zip Code
Huntersville	NC	28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13248

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City	State	Zip Code
Huntersville	NC	28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13336

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

500.01

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City	State	Zip Code
Huntersville	NC	28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13426

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City	State	Zip Code
Charlotte	NC	28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2015

Transaction ID : SA11AI.12965

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City	State	Zip Code
Charlotte	NC	28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13055

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

666.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : SA11AI.13145

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : SA11AI.13236

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : SA11AI.13324

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Carol A Lovin

Mailing Address 7023 Conservatory Lane

City	State	Zip Code
Charlotte	NC	28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13414

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Frieda M Lowder

Mailing Address PO Box 5685

City	State	Zip Code
Concord	NC	28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13165

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Frieda M Lowder

Mailing Address PO Box 5685

City	State	Zip Code
Concord	NC	28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13256

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13344

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13434

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha Ann B McConnell

Mailing Address 3617 Charolais Lane

City State Zip Code
 Harrisburg NC 28075

FEC ID number of contributing federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 02 / 2015

Transaction ID : SA11AI.12939

Amount of Each Receipt this Period

1500.00

Payroll Deduction \$1500 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13311

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13401

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.13047

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.13137

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015

Transaction ID : SA11AI.13228

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13316

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13406

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Dennis Phillips

Mailing Address 1252 Dilworth Cres Row

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13091

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Dennis Phillips

Mailing Address 1252 Dilworth Cres Row

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13182

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

366.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis Phillips

Mailing Address 1252 Dilworth Cres Row

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13270

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Dennis Phillips

Mailing Address 1252 Dilworth Cres Row

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13361

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 02 / 2015

Transaction ID : SA11AI.12921

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

566.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13015

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13105

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13196

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13284

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2015

Transaction ID : SA11AI.12964

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA11AI.13054

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1066.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13144

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

B. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11AI.13235

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13323

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13413

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.12893

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.12992

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13082

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11AI.13174

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13263

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11AI.13354

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Wanda Robinson

Mailing Address 233 Altondale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
PHYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11AI.13168

Amount of Each Receipt this Period

1000.00

Live Check Contribution

Full Name (Last, First, Middle Initial)

C. Kenneth A Shull

Mailing Address 60 Greenstoke Loop

City State Zip Code
Tryon NC 28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13317

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1291.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Kenneth A Shull

Mailing Address 60 Greenstoke Loop

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13407

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. James Michael Stevenson

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13099

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. James Michael Stevenson

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13190

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. James Michael Stevenson Full Name (Last, First, Middle Initial) Mailing Address 1711 Mission Road City State Zip Code Murphy NC 28906 FEC ID number of contributing federal political committee. C Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2015 Transaction ID : SA11AI.13278 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly		
B. James Michael Stevenson Full Name (Last, First, Middle Initial) Mailing Address 1711 Mission Road City State Zip Code Murphy NC 28906 FEC ID number of contributing federal political committee. C Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04			Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 Transaction ID : SA11AI.13369 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly		
C. Mr. Michael C Tarwater Full Name (Last, First, Middle Initial) Mailing Address 1414 Biltmore Drive City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. C Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.67			Date of Receipt M M / D D / Y Y Y Y Y 01 / 02 / 2015 Transaction ID : SA11AI.12907 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly		
SUBTOTAL of Receipts This Page (optional)..... ▶			583.35		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.13004

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13094

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13185

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13273

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11AI.13364

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. James Taylor

Mailing Address 6209 Pembury Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.13320

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

875.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James Taylor

Mailing Address 6209 Pembury Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11AI.13410

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA11AI.13024

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13114

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

291.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13205

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13293

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13383

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13070

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13160

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.13251

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.13339

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13429

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Daniel L Wiens

Mailing Address 1140 Milton Hall Place

City	State	Zip Code
Charlotte	NC	28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.12996

Amount of Each Receipt this Period

500.00

Payroll Deduction \$500 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13143

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SA11AI.13234

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.13322

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.13412

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.13043

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.13133

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13224

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13312

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13402

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : SA11AI.13049

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

Transaction ID : SA11AI.13139

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

Transaction ID : SA11AI.13230

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

833.35

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13318

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13408

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. John E Young

Mailing Address 809 E. King Street

City

Kings Mountain

State

NC

Zip Code

28086

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13154

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 56
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. John E Young

Mailing Address 809 E. King Street

City Kings Mountain State NC Zip Code 28086

FEC ID number of contributing federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13245

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. John E Young

Mailing Address 809 E. King Street

City Kings Mountain State NC Zip Code 28086

FEC ID number of contributing federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13333

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. John E Young

Mailing Address 809 E. King Street

City Kings Mountain State NC Zip Code 28086

FEC ID number of contributing federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13423

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2015

Transaction ID : SA11AI.12890

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA11AI.12989

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.13079

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 56
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13171

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.13260

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.13351

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

30557.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Sam Queen

Mailing Address 71 Pigeon Street

City	State	Zip Code
Waynesville	NC	28786

Purpose of Disbursement
stop payment

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2015

Transaction ID : SB29.13440

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. Friends to Elect John Torbett

Mailing Address 232 Louise Drive

City	State	Zip Code
Stanley	NC	28164

Purpose of Disbursement
stop payment

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2015

Transaction ID : SB29.13441

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. Harvey Peeler

Mailing Address PO Box 742

City	State	Zip Code
Gaffney	SC	29342

Purpose of Disbursement
stop payment

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2015

Transaction ID : SB29.13442

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-5000.00

-5000.00
